

# Comp Cancer Quarterly

## IN THIS ISSUE:

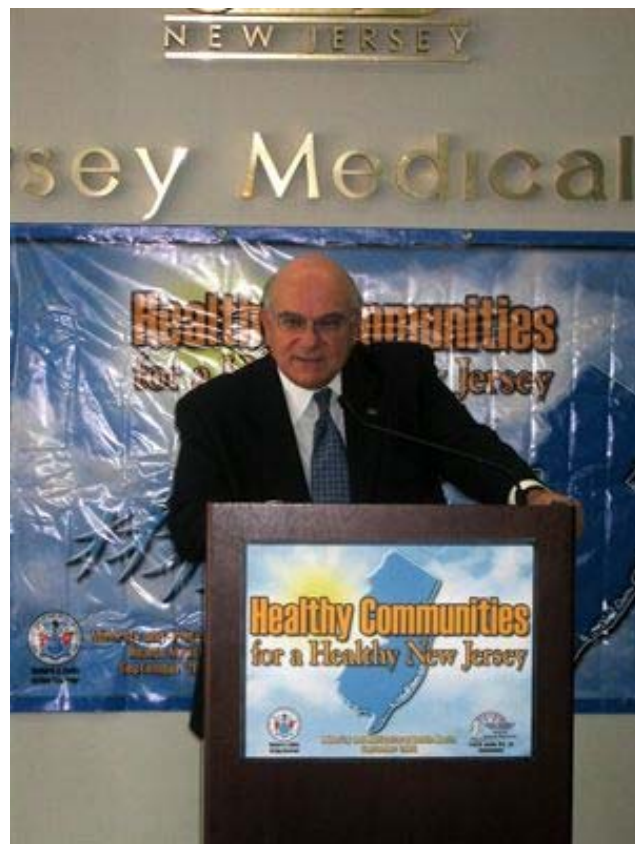
<i>State Releases C/NA Report Summaries</i>	1
<i>Chairman's Corner</i>	1
<i>Building Comp Cancer in NJ</i>	2
<i>NJ Welcomes Visitors</i>	3
<i>Workgroup Update</i>	4
<i>NJ-OCCP to Launch New Web Site</i>	5
<i>Around the County</i>	6
<i>Calendar of Events</i>	10
<i>Announcements</i>	12



## State Releases County Capacity and Needs Assessment Report Summaries

At a press conference on September 14<sup>th</sup>, New Jersey Department of Health and Senior Services (NJDHSS) Commissioner Fred M. Jacobs, M.D., J.D. announced the release of the first ever statewide county cancer capacity and needs assessment, which brought together information on the cancer-related efforts of both public and private agencies in a centralized resource. The findings of the assessment were published in a series of 21 report summaries, one for each of New Jersey's counties.

Each county report summary encapsulates a larger county report, which provides a baseline evaluation of the county's available resources, performed as part of the Capacity and Needs Assessment initiative of the New Jersey Comprehensive Cancer Control Plan under the direction of the NJDHSS Office of Cancer Control and Prevention (OCCP), the University of Medicine and Dentistry of New Jersey (UMDNJ), and the Evaluation Committee of the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey. With grants from NJ-OCCP, each county hired and (cont. on p. 2)



NJDHSS Commissioner Fred M. Jacobs, M.D., J.D. speaks at a press conference at the Newark campus of UMDNJ to announce the release of the OCCP Cancer Capacity and Needs Assessment Report Summaries.

## CHAIRMAN'S CORNER



*Dr. Arnold Baskies is a physician in private practice as well as the Chairman of the Governor's appointed Task Force on Cancer Prevention, Early Detection, and Treatment in New Jersey.*

It isn't often that we get a chance to make a difference in the lives of thousands of people. But the members of the Governor's Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey have taken advantage of this

opportunity and provided the spark that New Jersey needed to get a handle on cancer control. We are grateful to Governor Richard J. Codey and our legislature for providing the fiscal support, and to our countless volunteers, support organizations and county coalitions, who are carrying out our plan at a grassroots level. The statewide meetings on pediatric cancer survivorship and colon cancer screening were first-ever events that have set an example regionally and nationally. My congratulations to our staff and to all of our workgroups, who labor tirelessly in the pursuit of cancer control.

## State Releases C/NAs (Cont. from page 1)

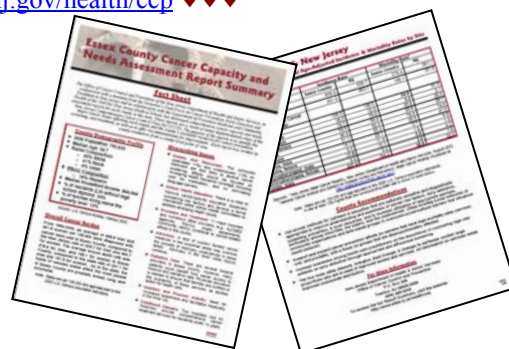
trained a county evaluator to conduct the assessment.

The purpose of the capacity and needs assessment reports is to identify the major cancer issues affecting each county and the county's available resources, or lack thereof, for cancer prevention, screening, and treatment, and to propose recommendations for improvement. The reports analyze the population demographics and the cancer incidence and mortality rates and distribution of stage at diagnosis for the seven priority cancers of the NJ-CCCP (breast, cervical, colorectal, lung, oral, melanoma, and prostate), as well as the current resources available, in each county. These data guided the development of evidence-based recommendations and interventions to address cancer control priorities at local and state levels.

The report summaries were highlighted during a press conference held at the Newark campus of the University of Medicine and Dentistry of New Jersey as a part of Healthy Communities for a Healthy New Jersey, the NJDHSS

participation in September's Minority and Multicultural Health Month. Joining the Commissioner were Dr. John J. Petillo, President of UMDNJ, Dr. Eddy A. Bresnitz, NJDHSS Deputy Commissioner and State Epidemiologist, and Ms. Azadeh Tasslimi, Co-coordinator of the Essex County Cancer Coalition.

Copies of the County Report Summaries and accompanying fact sheets are available at [www.nj.gov/health/ccp](http://www.nj.gov/health/ccp) ♦ ♦ ♦



## Building Comprehensive Cancer Control in New Jersey

According to an Eagleton survey, cancer is the leading health concern among New Jersey's citizens. The American Cancer Society (ACS) estimates that 43,000 NJ residents will be diagnosed with cancer in 2005, and nearly 18,000 will die of the disease.(1)

In response to rising concerns over cancer incidence and mortality rates, there has been tremendous growth in the scope and number of programs designed to reduce the burden of

cancer. The experience and knowledge gained from these multi-disciplinary programs provides a solid basis for a more comprehensive approach to cancer prevention and control. It has become increasingly evident that improved coordination and integration of cancer control activities is essential to maximize resources and achieve desired cancer control outcomes. A comprehensive approach to cancer control not only reduces duplication of efforts, but also enables programs to address gaps in service delivery and coverage.

In order to be effective, cancer prevention and control programs should address a continuum of services that range from primary prevention and early detection to effective treatment, quality care, and end-of-life issues. Addressing this continuum of services requires the integration of many disciplines including: administration; basic and applied research; evaluation; health education; program development; public policy; surveillance; clinical services; and health communications. Thus the scope of comprehensive cancer control involves a diverse group of stakeholders who must *coordinate their efforts* to implement such a plan. (2)

New Jersey began its comprehensive cancer control efforts in 2000, with Executive Order 114, establishing the Task Force on Cancer Prevention, Early Detection, and Treatment in New Jersey. Comprised of 16 Governor-appointed representatives, the Task Force was charged with addressing the impact of cancer on New Jersey citizens. As a first step, the Task Force adopted the CDC's operational definition of comprehensive cancer control as an "integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation and palliation."

Under the direction of the New Jersey Department of Health and Senior Services' Office of Cancer Control and Prevention (OCCP) in the Office of the (continued on page 3)

### Comp Cancer Quarterly

NJ Acting Governor

**Richard J. Codey**

NJDHSS Commissioner

**Fred M. Jacobs, M.D., J.D.**

NJDHSS Deputy Commissioner

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The **Comp Cancer Quarterly** newsletter is published in January, April, July, and October by the NJ Department of Health and Senior Services' Office of Cancer Control and Prevention for those who have dedicated their efforts to implementing the NJ Comprehensive Cancer Control Plan and are committed to reducing the cancer burden in New Jersey. We welcome reader comments and submissions of NJCCCP-related articles and photographs. To submit comments or materials, please contact the Office of Cancer Control and Prevention, PO Box 369, Trenton, NJ 08625-0369.

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## Comp Cancer (cont. from page 2)

State Epidemiologist and the Center for Cancer Initiatives, the Task Force and its eight workgroups, encompassing nearly 350 volunteers, developed the New Jersey Comprehensive Cancer Control Plan (NJ-CCCP). The NJ-CCCP was released in July, 2002 and represents an innovative approach to coordinating and integrating cancer control activities in New Jersey. This coordinated approach serves to reduce duplication and improve the delivery of programs at the state and community level. The NJ-CCCP will ultimately benefit every New Jersey citizen by:

- Creating a continuum of cancer care services, from prevention through improved quality of life;
- Refocusing programs to serve the person as a whole, rather than focusing on one specific type of cancer;
- Increasing awareness and access to cancer services for New Jersey consumers;
- Expanding the number of local leaders who proactively support community partnerships and collaborations; and
- Sharing resources (time, staff, expertise) between local organizations and agencies. (3)

In January of 2003, New Jersey officially began implementation of the strategies and objectives set forth in the NJ-CCCP. The first step of implementation was to conduct the first-ever, statewide, cancer capacity and needs assessment. The purpose of the capacity and needs assessment was to identify the major cancer issues affecting each county in the state and their available resources for cancer prevention, screening, and treatment as well as to offer recommendations for improvement. This important first step was accomplished through a collaboration between the OCCP and the Department of Preventive Medicine and Community Health of the UMDNJ-New Jersey Medical School and School of Public Health. Each report was written by county evaluators from a county-level point of view.

With grants from the NJ-OCCP, each county has developed a cancer coalition charged with utilizing the results of the capacity and needs assessment in implementing the Plan at the county level. See page 6 for more on County activities.

Today, with nearly 700 professionals, cancer survivors, and community leaders dedicating their efforts to implementation of the Plan, New Jersey represents a model of excellence for comprehensive cancer control and will continue to lead the fight against cancer. ♦ ♦ ♦

### References

1. American Cancer Society. *Cancer Facts and Figures 2005*. Atlanta, GA: American Cancer Society, Inc., 2005.
2. Centers for Disease Control and Prevention and Batelle Centers for Public Health Research and Evaluation. *Guidance for Comprehensive Cancer Control Planning*. Atlanta, GA: Centers for Disease Control and Prevention, 2002.  
<http://www.cdc.gov/cancer/ncccp/guidelines/index.htm>
3. New Jersey Department of Health and Senior Services. Office of Cancer Control and Prevention. *Comprehensive Cancer Control Plan*. Trenton, NJ: New Jersey Department of Health and Senior Services, 2002.

## NJ Welcomes Visitors

The hard work of the NJ-OCCP, the Task Force, its Workgroups and County Coalitions has attracted the attention of comprehensive cancer control advocates all over the nation – and the world!

Centers for Disease Control and Prevention, Division of Cancer Prevention and Control representatives, Anne Major and Phyllis Rochester visited the NJ-OCCP in December for a routine site-visit to evaluate New Jersey's progress since implementation of the Plan began in 2003. Ms. Major and Ms. Rochester made a presentation of CDC activities at the December 2004 meeting of the Task Force.

Representatives of the New York State Comprehensive Cancer Control Program (NYSCCCP) visited New Jersey in April to mark the beginning of what we all hope to be an ongoing and mutually beneficial collaboration between our two great states. Among our guests were American Cancer Society-Eastern Division Regional Planning Assessment Manager, Christopher H. Utman, PhD, and New York State Department of Health representatives, Leslie A. Larsen, MPH and Kristen Admiraal, MSW. Michael Caldwell, MD, MPH, Commissioner of Health of the Dutchess County Department of Health was also on hand as a representative of the C-Change "State Cancer Plans – Call to Action." The NJ-OCCP hopes to visit the NYSCCCP this fall.

But New Jersey's reputation as a model cancer control state has not been limited to the U.S. In June Kavita Sarwal, Executive Director of the Canadian Strategy for Cancer Control for British Columbia and the Yukon, paid a visit to the NJ-OCCP to learn from our experiences with implementation as Canada forges ahead in implementing their own cancer control plan. Ms. Sarwal had the opportunity to observe meetings of both the Cervical and Oral/Oropharyngeal Cancer Workgroups, as well as to meet with NJ-OCCP and UMDNJ staff.



(left to right) CDC representatives Phyllis Rochester and Anne Major with NJ-OCCP Executive Director Peg Knight.



# WORKGROUP UPDATE

## BREAST CANCER

Chair: Barbara Waters: [education@njakomen.org](mailto:education@njakomen.org)

The Breast Cancer Workgroup is dedicating its efforts to reaching young women with the message that they, too, are vulnerable to the disease. Primarily, the group is reaching out to women under the age of 40 and encouraging them to take control of their own health. "Don't take *you're too young* as a diagnosis" proclaim 66,000 *Young Women: Take Charge of Your Health* postcards distributed to New Jersey women under 40. Future plans for distribution of the message include county cancer coalitions, school nurses, and various women's activities throughout the state.

The Workgroup also has plans to educate healthcare professionals on the seriousness of young women diagnosed with breast cancer. Initially, the group plans to survey healthcare professionals to determine current knowledge and practices around young women with breast cancer. ♦ ♦ ♦

## CERVICAL CANCER

Chair: Phillip Glass, MD: [Phillip.Glass@horizonNJhealth.com](mailto:Phillip.Glass@horizonNJhealth.com)

Human papilloma viruses (HPVs) are widely recognized as the major cause of cervical cancer. Women infected with HPV are much more likely to be diagnosed with cancer of the cervix than uninfected women. While only a few of the HPV strains lead to cervical cancer, it is estimated that nearly 20 million people in the U.S. are infected with some form of HPV. Higher risk and incidence of HPV infection are associated with younger age and ethnic minority subgroups.

Reducing or eliminating the incidence of HPV will help to greatly reduce the incidence and mortality of cervical cancer. As a result, the Cervical Cancer Workgroup has been following closely the development of HPV vaccines by a number of pharmaceutical companies. A vaccine is expected to be available next year. The Workgroup is currently working toward the development of a Task Force position statement for administering the vaccine to young women. ♦ ♦ ♦

## CHILDHOOD CANCER

Chair: Beverly Ryan, MD: [bryan@huned.com](mailto:bryan@huned.com)

On May 20<sup>th</sup> the Childhood Cancer Workgroup held the first annual childhood cancer survivorship conference, entitled "Childhood Cancer Survivors: Meeting Challenges." Funded by a generous grant from the Lance Armstrong Foundation, the conference explored challenges facing adolescent and young adult cancer survivors, including fertility issues and latent affects, employment issues, and pediatric obesity. The conference was attended by over 120 cancer survivors and their families, as well as healthcare professionals. Congratulations to all the members of the Workgroup for their hard work and dedication to making the first conference under the NJ-CCCP a huge success! ♦ ♦ ♦

## COLORECTAL CANCER

Co-Chairs: Michelle Tropper: [michelle.tropper@cancer.org](mailto:michelle.tropper@cancer.org)

James Chandler, MD: [Chandljj@umdnj.edu](mailto:Chandljj@umdnj.edu)

The Workgroup held its first annual Colorectal Cancer Screening Conference: *Taking Action to Save Lives* on September 20<sup>th</sup>. Attended by over 140 healthcare professionals, the conference provided an open forum for leaders in health plans, primary care and specialty care provider groups, integrated healthcare delivery systems, as well as New Jersey Cancer Education and Early Detection (NJCEED) program directors and coordinators to discuss and develop strategies to enable eligible citizens in New Jersey to be adequately screened for colorectal cancer.

The Keynote Speaker, Richard C. Wender, MD, Alumni Professor and Chair of the Department of Family Medicine at Thomas Jefferson University, addressed the topic, *Understanding & Overcoming Barriers to Colorectal Cancer Screening in Primary Care*. Areas explored throughout the day were Physician and Patient Barriers to Colorectal Cancer Screening, Communication Competencies and Strategies to Increase Colorectal Cancer Screening Rates. Following the conference, participants had the opportunity to join the NJ Dialogue for Action and report back to the NJ Colorectal Cancer Workgroup on their implementation of strategies learned at the conference.

The conference was featured on NJN News. ♦ ♦ ♦

## LUNG CANCER

Chair: Edward Kazimir, PhD: [Edward.Kazimir@doh.state.nj.us](mailto:Edward.Kazimir@doh.state.nj.us)

The Lung Cancer Workgroup has been dedicated to reducing smoking rates among NJ residents, particularly smoking in public places. The Workgroup is providing strong support to the proposed ban on smoking in public places (including bars, restaurants, and casinos) that is expected to be signed into law before the end of this year.

The Workgroup is also interested in researching health outcomes of patients who continue to smoke after diagnosis. Preliminary research has shown that patients who smoke after diagnosis have poorer outcomes than non-smokers or patients who quit smoking after diagnosis.

## MELANOMA

Chair: Arnold Baskies, MD: [abaskies@comcast.net](mailto:abaskies@comcast.net)

On August 31<sup>st</sup>, as part of the Newark Urban Initiative, the Melanoma Workgroup and its member organizations held the first in an ongoing series of workshops aimed at educating NJ school nurses on improving students' health and health awareness according to every school-based initiative recommended in the NJCCCP. The first workshop, attended by 140 school nurses from Newark school districts, will be duplicated at future regional workshops throughout the state. The ACS, in collaboration with the Workgroup, NJ-OCPP, Schering-Plough Corporation, NJDOE, CINJ, and Action for

# WORKGROUP UPDATE

Healthy Kids has also developed and implemented a coordinated Train the Trainer program designed to provide current subject content, resources and information for professional development in the areas of school health, physical activity and nutrition, and to support and enhance relationships with individual school districts. To date, the Train the Trainer program has reached health educators and physical education teachers in over 140 school districts throughout New Jersey. ♦ ♦ ♦

## NUTRITION/PHYSICAL ACTIVITY

Chair: Elisa Bandera, MD, PhD: [banderel@umdnj.edu](mailto:banderel@umdnj.edu)

The Nutrition and Physical Activity Workgroup is planning to update the *Guide to Nutrition and Physical Activity Programs in New Jersey*, available at [www.state.nj.us/health/ccr](http://www.state.nj.us/health/ccr) utilizing the results of the statewide county capacity and needs assessment conducted by the NJ-OCCP and UMDNJ. The Workgroup also plans to advocate to designate NJ as a Fruit and Vegetable State under the USDA *Fruit and Vegetable Program: Healthy Snacks for Healthy Schools*. If designated, NJ schools will be able to provide healthy fresh fruit and vegetable snacks to all students. ♦ ♦ ♦

## ORAL/OROPHARYNGEAL CANCER

Chair: David Lederman, DMD: [dled825@aol.com](mailto:dled825@aol.com)

The Oral and Oropharyngeal Cancer Workgroup has been developing an initiative to formulate guidelines for oral cancer screening with the president of the American Academy of Oral Medicine, Dr. Michael Siegel. Dr. Siegel authorized the formation of an ad hoc committee to study this matter and bring its findings to the Academy's national meeting in San Juan in May of 2006. The Workgroup has also arranged for oral cancer representatives to become involved with the county cancer coalitions in Ocean, Monmouth and Middlesex counties. ♦ ♦ ♦

## PALLIATION

Chair: Joan Monaghan, MS, RN, APN, C: [jmonaghan@humed.com](mailto:jmonaghan@humed.com)

The Palliation Workgroup is planning to host a series of regional conferences throughout NJ aimed at redirecting the perception of palliation from end-of-life care to comprehensive symptom management across the continuum of disease, beginning at diagnosis. The series will focus particular attention on New Jersey's underserved population and will address cultural sensitivity and language barriers in palliation. The Workgroup plans to hold the first of three conferences in May, 2006 at Hackensack Medical Center. ♦ ♦ ♦

## PROSTATE CANCER

Co-Chairs: Phil Benson: [bensonphil@aol.com](mailto:bensonphil@aol.com)

Betty Gallo: [gallobi@umdnj.edu](mailto:gallobi@umdnj.edu)

The Prostate Cancer Workgroup, was honored at The Prostate Net's 1<sup>st</sup> Annual "In the Know" Awards breakfast on September 9<sup>th</sup>. The workgroup was awarded an Honorable Mention for its

contributions to eliminating health disparities in minority and medically underserved communities in New Jersey. In 2005 the Workgroup participated in the annual NJ Conference of Mayors to build a prostate cancer awareness program at the municipal level. Additional outreach was conducted with minority mayors. The conference reaches approximately 550 mayors throughout the state of NJ. Relationships with the mayors were built through this conference, and areas of focus were educational programs, appropriate language and literacy materials for the community, guidance in developing screening programs, and working with local health departments in developing effective approaches and offering free screenings to the underserved population. Additionally, the Workgroup has continued to provide support to The Prostate Net's *Barbershop Initiative*, a multi-faceted community-based educational campaign targeting minority consumers for prostate cancer education, screening, and treatment. If funded, the city of Newark, NJ will be among the first cities in the U.S. to house "wired" barbershops, providing a portal to prostate cancer materials through local barbershops in primarily minority and underserved communities. ♦ ♦ ♦

## NJ-OCCP to Launch New & Improved Web Site

The official web site of the NJ-OCCP will soon be the home of the first complete interactive guide to cancer resources in New Jersey. The site, to be located at [www.njcancer.gov](http://www.njcancer.gov), will offer "one-stop shopping" for local cancer resources from screening and early detection to treatment and palliation. With the click of a mouse, New Jersey residents will soon be able to locate hospitals, hospices, mammography centers, and other cancer related resources within their county. The resource guide will utilize the information gathered during the statewide capacity and needs assessment conducted by NJ-OCCP, UMDNJ and evaluators in each county in 2003.

The current OCCP web site, accessible at [www.nj.gov/health/ccp](http://www.nj.gov/health/ccp), provides general information on the eight cancers covered in the Plan (breast, cervical, colorectal, lung, oral melanoma, prostate and childhood cancers), as well as screening resources, special announcements, and links to county coalition web sites. The recently released County Capacity and Needs Assessment Reports and accompanying fact sheets are also now available on the web site, as is the Task Force Evaluation Committee's *Comprehensive Cancer Control: Status Report to the Governor*. ♦ ♦ ♦



# AROUND THE COUNTY

*Each of New Jersey's 21 counties, through a grant from the NJ-OCCP, has formulated a County Cancer Coalition, charged with implementing the NJ-CCCP at the county level. For more information regarding activities in a specific county, or to become involved in a county coalition, please contact the cancer coalition coordinator for that county at the email address provided.*

## ATLANTIC

Coordinator: Nancy Manderson: [NManderson@shorememorial.org](mailto:NManderson@shorememorial.org)

The Atlantic County Healthy Living Coalition (ACHLC) and with Communities Against Tobacco sponsored a World No Tobacco Day event in Egg Harbor Township on June 5<sup>th</sup>. Also in June, the Coalition and NJCEED participated in the Boscov's Department Store Father's Day Event and Sale to promote prostate cancer awareness.

In an effort to educate Atlantic County residents about lung cancer, the ACHLC is sponsoring a free community education workshop on Thursday, November 10 at Shore Memorial Cancer Center.

Featured speaker Fred Weber, M.D., J.D., will discuss the "History of Lung Cancer." The program will include a presentation by Maria Spear, Certified Tobacco Dependence Specialist, on "How to Quite Smoking." Representatives from The Communities Against Tobacco, Shore Memorial Cancer Center and Shore Memorial Hospital Wellness Center also will be available to discuss support programs for smokers who are trying to quit.

Join us for a light dinner starting at 6 p.m. Please call 609-653-3923 to make a reservation for this very informative program. ♦ ♦ ♦

## BERGEN

Coordinator: Jackie Lue Raia: [jlueraia@bergenpch.org](mailto:jlueraia@bergenpch.org)

The Bergen County Cancer Coalition is working in collaboration with the Bergen County Department of Health to implement the NJ-CCCP. A county resource directory has been completed. The Coalition has completed the Bergenfield summer school project, addressing 5 high schools on healthy lifestyles and establishing Ambassadors to Health. The Bergen PCH is also working toward addressing cancer patients with disabilities, completing a Community Health Improvement Process (CHIP), and is working with Novartis to provide free prostate cancer screening to county residents. ♦ ♦ ♦

## BURLINGTON

Coordinator: Hilary Colbert: [hcolbert@cpachvi.org](mailto:hcolbert@cpachvi.org)

The Burlington County Comprehensive Cancer Control Coalition (BCCCCC) has formed several workgroups to facilitate the implementation of the NJ-CCCP in that county. The workgroups are: 1) Tri-County Workgroup; 2) By-laws Workgroup; 3) Health Education Workgroup; and 4) HMO Workgroup. The Tri-County Workgroup is the result of a collaboration between the coalitions from Burlington, Camden, and Gloucester counties. The workgroup plans to pursue hosting of the tri-county health education event.

The Burlington County Health Department (BCHD) received a one-year outreach and education grant for 10 prostate cancer education sessions. Completed by Virtua Health System, the project earned an honorable mention at The Prostate Net's 1<sup>st</sup> Annual "In the Know" Awards breakfast. Douglas Marshall, M.A., R.N., Coordinator of Community Oncology Services at Fox Chase Virtua Health Cancer Program and member of the Task Force's Prostate Cancer Workgroup was on hand to accept the award on behalf of Virtual Health System and the Coalition. ♦ ♦ ♦

## CAMDEN

Coordinator: Jean Mouch: [mouchiff@yahoo.com](mailto:mouchiff@yahoo.com)

The Camden County Cancer Coalition is supporting and participating in the "Sisters Will You Help Me" program. Initiated in September 2001, facilitated by Dianne Hyman, a



Scene from the "Sister will you help me" fashion show in Camden.

nurse with Cooper Hospital CEED Program, "Sister Will You Help Me" is a minority breast cancer support program for women of color and faith. The meetings are held the 2nd Thursday of each month at 3 Cooper Plaza suite 400. It is a place for survivors to come and interact together to share their experiences. It is uplifting and rewarding. The ladies encourage and pray for one another. Adopting families for the holidays or strutting down the runway for the annual fashion show, the ladies find meaning and

purpose within this group. Our mission is to empower through knowledge, encourage through sisterhood, enlighten through faith and to bond through love. ♦ ♦ ♦

## CAPE MAY

Coordinator: Richard Colosi: [rcolosi@co.cape-may.nj.us](mailto:rcolosi@co.cape-may.nj.us)

The Cape May County Chronic Illness Coalition (CMC-CIC) has launched its "Find the 5,000" program aimed at reaching out to the estimated 5,000 low-income individuals in the county who are in need of cancer and other health-related screening. The CMC-CIC has been busy promoting its cancer screening services through media efforts. On July 14, with the help of Gilda's Group, the Cape May Gazette published a major article on the CEED program's efforts to screen men for prostate cancer. Included in the article was an interview with a



# AROUND THE COUNTY

prostate cancer survivor. The CMC-CIC has also been featured on WCMC and WZZL radio stations and in the Herald of Cape May County and the Atlantic City Press newspapers.

The Chronic Illness Coalition of Cape May County has launched its new website, located at <http://www.chronicillnesscoalition.com>. ♦ ♦ ♦

## CUMBERLAND

Coordinator: Carol Treston: [trestonc@sjhs.com](mailto:trestonc@sjhs.com)

The Cumberland County Cancer Coalition has reviewed its proposed workgroups (smoking cessation, lung, cervical colorectal, prostate, breast, navigation through cancer care, palliative care, special populations and oral) and will be holding meetings every other month. The Coalition also has plans to reach out to Cumberland County freeholders to make them aware of available resources and the need for cancer control and prevention in their county. ♦ ♦ ♦

## ESSEX

Co-Coordination: Azadeh Tasslimi: [tassliaz@umdnj.edu](mailto:tassliaz@umdnj.edu)  
Punam Parikh: [parikhp1@umdnj.edu](mailto:parikhp1@umdnj.edu)

The Essex County Cancer Coalition supported a student to collect and evaluate cancer educational materials distributed by NJ's local health departments.

The study, sponsored by UMDNJ-New Jersey Medical School and completed in August 2005, examined publication sources, types of cancers addressed, readability, and cultural sensitivity of these materials in English & Spanish. Findings presented to the Coalition in September included:

- ♦ 92% of English and 93% of Spanish materials evaluated were written above the recommended 5th grade reading level.
- ♦ No item existed solely in Spanish; indeed, all Spanish versions were translated from pre-existing English materials.

The Coalition will thus strongly recommend to participating local health departments that they consider community needs and utilize Census data concerning linguistic abilities, education levels, and racial/ethnic composition to choose appropriate cancer educational materials. ♦ ♦ ♦

## GLOUCESTER

Coordinator: Lisa Little: [Little21999@yahoo.com](mailto:Little21999@yahoo.com)

The Gloucester County Cancer Coalition is coordinating with the Department of Health for Fall 2005 flu shot distribution. Early screening posters with the local CEED phone number will be set up at 50 locations throughout the county. It is hoped that the screening posters will also act as a catalyst to others who have insurance to have their appropriate screenings done.

The Youth Sub-committee Workgroup, in conjunction with the Boy Scouts of American, has developed a "Cancer

Awareness Educator" badge, which will bring youth involvement into the Cancer Coalitions and CEED throughout the state. The requirements for the badge are on the desk of Governor Cady pending approval. ♦ ♦ ♦

## HUDSON

Coordinator: Bill Bullock: [Bbullock20@aol.com](mailto:Bbullock20@aol.com)

At its September 22, 2005 Quarterly Meeting, the Hudson County Cancer Coalition (HCCC) decided to embark on a cervical cancer intervention project because, in the five year period from 1996 to 2000: the county's cervical cancer incidence was 23% higher than the New Jersey cervical cancer incidence rate; the county's cervical cancer mortality rate for cervical cancer was 35% higher than the New Jersey cervical cancer mortality rate; and, a much higher percentage of the county's black cervical cancer cases were diagnosed in later stages (regional plus distant) than black females cases statewide. In deciding what type of cancer intervention program to implement, the HCCC reviewed a new, National Cancer Institute, report titled, *High Cervical Cancer Mortality, a Marker for Low Access to Health Care*, published in August 2005, which recommends enlisting community volunteers to push pap testing in communities with high cervical cancer mortality rates, like Hudson County. The HCCC also sought the advice of an expert, Sharon Short, Partnership Program Coordinator for the National Cancer Institute's (NCI's) Cancer Information Service (CIS) for the Atlantic Region. Ms. Short produced NCI/CIS Maps and Consumer Health Profiles that identified the segments of the county's female population age 18 and above by zip code that are at the greatest risk of not having been screened for cervical cancer. Ms. Short also recommended that HCCC implement a pilot cervical cancer intervention program in the geographic area that has the highest concentration of these women, along JFK Boulevard from Bayonne to West New York. At the September 22<sup>nd</sup> HCCC Quarterly Meeting, the Coordinator, Bill Bullock, presented Ms. Short's data and recommendation and summarized the findings of new NCI Report regarding high rates of cervical cancer and the UCCC approved as its cancer project for fiscal year 2005/6, a pilot cervical cancer intervention program for the area of concentration along JFK Boulevard utilizing a community volunteer(s). ♦ ♦ ♦

## HUNTERDON

Coordinator: Marc Katz: [mkatz@co.hunterdon.nj.us](mailto:mkatz@co.hunterdon.nj.us)

The Hunterdon County Cancer Coalition has recently hired Marc Katz as its county coordinator. ♦ ♦ ♦

## MERCER

While Mercer County has not yet secured a county coordinator, efforts are under way find a candidate dedicated to cancer control. ♦ ♦ ♦

# AROUND THE COUNTY

## MIDDLESEX

Coordinator: Deb Johnson: [debjohnson@optonline.net](mailto:debjohnson@optonline.net)

Coalition building is in transition in Middlesex County with Deb Johnson as the new county coordinator. A three day prostate cancer screening event was held in September in conjunction with Robert Wood Johnson Medical Center. The coalition is conducting outreach at community health fairs and working with the county Mobilizing for Action through Planning and Partnerships (MAPP) program and Communities Against Tobacco programs. ♦ ♦ ♦

## MONMOUTH

Coordinator: Pat Virga: [pvirga@newsolutionsinc.com](mailto:pvirga@newsolutionsinc.com)

The Monmouth Cancer Coalition was honored to have Assemblyman Robert Morgan, MD; Eugene Cheslock, MD of the Parker Family Clinic; and Peg Knight, RN, M.Ed. from the Office of Cancer Control and Prevention as its special guests at the September 15<sup>th</sup> meeting. They engaged in a panel discussion on the role state and county partnerships in waging the fight against cancer.

The Coalition met for the first time as a comprehensive coalition in June 2005. Since then, three work groups have formed: (1) Screening and Early Detection, which is the standing CEED Coalition; (2) Education, Prevention and Awareness; and (3) Access to Care and Treatment. All three are meeting to formulate goals, objectives and strategies for their work in the coming year. ♦ ♦ ♦



(left) Dr. Eugene Cheslock and Assemblyman Dr. Robert Morgan respond to questions during a panel discussion at the Monmouth County Cancer Coalition

## MORRIS

Coordinator: Bob Schermer: [strategic.innovation@verizon.net](mailto:strategic.innovation@verizon.net)

The Morris County Cancer Coalition is planning a prostate cancer screening and education project with the Dean and Betty Gallo Prostate Cancer Center in New Brunswick. Current statistics obtained from the NJDHSS website report Morris County as being among those counties with the highest prostate cancer incidence rates.

The Dean and Betty Gallo Prostate Cancer Center is New Jersey's only specialized prostate health resource at a National

Cancer Institute (NCI) designated cancer center, The Cancer Institute of New Jersey.

The project intends to hold an annual, or more frequent, event that will contact and screen retired men, as well as men employed by municipalities and businesses in Morris County. Services to be performed will be contactee education, special education for contactees with positive screening outcomes, and a CME credentialed physician education program. The program will be designed for repetitive implementation and for "export" to other New Jersey counties and other states. ♦ ♦ ♦

## OCEAN

Coordinator: Deb Levinson: [dlevinson@newsolutionsinc.com](mailto:dlevinson@newsolutionsinc.com)

The Ocean County Cancer Coalition has finalized its action plan, with a focus on education. The next meeting of the Coalition will feature a speaker from the Oral Cancer Workgroup. The Coalition is currently reaching out to involve local mayors in cancer control and prevention. In addition, the Coalition is seeking funding for a program to bring cancer screenings to area nursing homes. A resource directory is also being developed. ♦ ♦ ♦

## PASSAIC

Coordinator: Bob Schermer: [strategic.innovation@verizon.net](mailto:strategic.innovation@verizon.net)

The PCCC continues to work with the American Cancer Society Paterson Initiative project. The project is planning the stimulation of a permanent locally sponsored series of activities to increase screening for cancer within the large high risk population of this city.

The PCCC is a member of the project Steering Committee and the Business Development Committee. To date the project has received \$25,000 funding from the Western Union Corporation.

The PCCC was requested to review and comment on the Susan G. Komen –North Jersey Affilliate needs analysis published in 1999, and other documentation that informs the organization's mission and goals. This was requested in order that the SGK-NJA might internally reconsider and refresh its role and activities in the nine county area that it serves. The PCCC Coordinator prepared a 12 page evaluation of the SGK-NJA needs analysis and other material and made recommendations for the future approach of the organization to need and related services activities. ♦ ♦ ♦

## SALEM

Coordinator: Edena Church: [edena.church@millville.org](mailto:edena.church@millville.org)

The Salem County Cancer Coalition recently hired Edena Church as coalition coordinator. ♦ ♦ ♦



# AROUND THE COUNTY

## SOMERSET

Coordinator: Lucille Talbot: [ytalbot@co.somerset.nj.us](mailto:ytalbot@co.somerset.nj.us)

The Somerset County Cancer Coalition sponsored a Prostate Cancer Awareness Week in September to increase prostate cancer awareness among Somerset County men. NJ Commissioner of Health and Senior Services Fred M. Jacobs, M.D., J.D. spoke at a press conference on September 19<sup>th</sup> on the steps of the Somerset County Courthouse to kick off the week long event. The county's message is aimed at the "baby-boomer" generation and at black males, who are more likely to die of prostate cancer than white men in the county. ♦ ♦ ♦



(left) Commissioner Fred Jacobs, M.D., J.D. speaks from the steps of the historic Somerset County Courthouse.

(right) Commissioner Fred Jacobs, M.D., J.D. with the Somerset County Cancer Coalition



## UNION

Coordinator: Bill Bullock: [Bbullock20@aol.com](mailto:Bbullock20@aol.com)

At its September 15, 2005 Quarterly Meeting, the Union County Cancer Coalition (UCCC) decided to embark on a prostate cancer intervention project because, in the five year period from 1996 to 2000: the county's prostate cancer incidence was 11% higher than the New Jersey prostate cancer incidence rate; the county's mortality rate for prostate cancer was 15% higher than the New Jersey rate; and, the county's black male prostate cancer mortality rate was the highest county rate in New Jersey for which this data is available. In deciding what type of cancer intervention program to implement, the UCCC sought the advice of two experts, Sharon Short, Partnership Program Coordinator for the National Cancer Institute's (NCI's) Cancer Information Service (CIS) for the Atlantic Region, and Virgil Simons, President of Prostate Net. Ms. Short produced NCI/CIS Maps and Consumer Health Profiles that identified the segments of the county's male population age 50 and above by zip code that are at the greatest risk of not having been screened for prostate cancer. Ms. Short also recommended that UCCC implement a pilot prostate cancer intervention program in the geographic area that has the highest concentration of these men, which is the Plainfield area. At the September 15<sup>th</sup> UCCC Quarterly Meeting, the Coordinator, Bill Bullock, presented Ms. Short's data and recommendation, Mr. Simons presented his highly regarded and nationally renowned prostate cancer intervention program known as the "Barbershop Program" and the UCCC approved as its cancer project for fiscal year 2005/6, a pilot prostate cancer intervention program for the Plainfield area utilizing Virgil Simons' Barbershop approach. ♦ ♦ ♦

## WARREN

Co-coordinators: Tammy Youtz: [tyoutz9@yahoo.com](mailto:tyoutz9@yahoo.com)

Sarah Price: [sarahprice@warrenhospital.org](mailto:sarahprice@warrenhospital.org)

In the recent months, the Warren County Cancer Coalition has been, and will continue to be, very busy conducting cancer awareness programs throughout Warren County with various community groups, organizations, worksites and schools. In observance of October as Breast Cancer Awareness month, the Coalition is collaborating with the Warren County CEED program to distribute breast cancer pamphlets, brochures, and other materials at various informational booths set up throughout the county. ♦ ♦ ♦

## SUSSEX

Coordinator: Alicia Thomas: [aliciaOasteen@yahoo.com](mailto:aliciaOasteen@yahoo.com)

The Sussex County Cancer Coalition has been working together with the Communities Against Tobacco (CAT) coalition to implement the NJ-CCCP, targeting single parents as well as the underserved population in Sussex County.

On September 30<sup>th</sup> they held the NutriFood Challenge at the Sussex County Technical School. The NutriFood Challenge is designed to increase cancer awareness by promoting healthy eating habits to students. The exercise challenged students to create three desserts and three alternative dishes free of hydrogenated oils, refined or bleached flour &/or sugar, or soy. Prizes were awarded for outstanding creativity and technique. ♦ ♦ ♦

# October

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
October is National Breast Cancer Awareness Month!!						1
2	3	4	5	6	7	8
9	10 Columbus Day	11	12 Camden County Coalition Meeting	13	14	15
16	17	18 Lung Cancer Workgroup Meeting	19 Childhood & Advocacy Workgroup Meetings	20 Cape May County Coalition Meeting	21 National Mammography Day	22
23	24	25 Hunterdon County Coalition Meeting	26 Atlantic County Coalition Meeting	27	28	29
30	October is National Dental Hygiene Month!!					

# November

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
November is Lung Cancer Awareness Month!!		1 Cumberland County Coalition Meeting	2 County Coalition Coordinators Meeting	3	4	5
6	7 Breast Cancer Workgroup Meeting Ocean County Coalition Meeting	8 Election Day	9 Prostate Cancer Workgroup Meeting	10 Warren County Coalition Meeting	11 Veteran's Day	12
13	14	15 Palliation Workgroup Meeting	16 Somerset County Coalition Meeting	17 Great American Smokeout	18 Gloucester County Coalition Meeting	19
20	21 Nutrition & Physical Activity Workgroup Meeting	22	23	24 Thanksgiving Day	25	26
27	28	29	30 Bergen County Coalition Meeting  Childhood Cancer Workgroup Meeting	November is National Hospice Month!!		

# December

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				<b>1</b> Essex County Coalition Meeting	<b>2</b> Burlington County Coalition Meeting	<b>3</b>
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b> Union County Coalition Meeting	<b>9</b>	<b>10</b>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b> Morris County Coalition Meeting	<b>15</b>	<b>16</b>	<b>17</b>
<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>

# January

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1</b> New Year's Day	<b>2</b> New Year's Day Observed	<b>3</b> Give Kids A Smile Day	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b> County Coalition Coordinators Meeting	<b>12</b>	<b>13</b>	<b>14</b>
<b>15</b> Martin Luther King, Jr.'s Birthday	<b>16</b> Martin Luther King, Jr.'s Birthday Observed	<b>17</b> <b>18</b> <b>19</b> <b>20</b> <b>21</b> National Healthy Weight Week				
<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>
<b>29</b>	<b>30</b>	<b>31</b>	<b>January is Cervical Health Awareness Month!!</b>			

*For more information on meeting times and locations, please contact the County Coordinator, or call 609-588-5038 or email [OCCP@doh.state.nj.us](mailto:OCCP@doh.state.nj.us)*



## OCCP Mission Statement

Comprehensive cancer control is a dynamic and ongoing process which can only be achieved through an active and committed partnership. This can be accomplished with public and private sectors working together from the belief that neither entity can do it alone.

Our mission is to develop, recommend, advocate, and promote an integrated, collaborative, and multi-disciplinary approach to reducing the incidence, illness, and death from cancer. This will be addressed through a culturally-sensitive plan which reflects prevention, early detection, treatment, rehabilitation, palliation, and quality of life issues and will embrace all of the citizens of New Jersey. Coalition building, partnerships, and education are essential to achieving this mission.

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### OCCP Staff

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- Peg L. Knight, R.N., M.Ed., *Executive Director*
- Sharon Smith, M.P.H., *Research Scientist*
- Stephanie M. Hill, B.S., C.T.R., *Public Health Representative*
- Susan Sanna, R.N., B.S.N., C.T.R., *Public Health Representative*
- Mary Ann Scepansky, *Assistant*

**Current and past editions of this newsletter are available on the Office of Cancer Control and Prevention website:**

**<http://www.state.nj.us/health/ccp>**

## ANNOUNCEMENTS

### Newsletter Submissions

Does your Workgroup or Coalition have an announcement or upcoming event you would like featured in this newsletter? With a distribution of over 700 stakeholders it is a great way to reach others involved in cancer control in New Jersey. Please email all submissions to: [OCCP@doh.state.nj.us](mailto:OCCP@doh.state.nj.us). The deadline for submissions for the January 2006 edition is December 23, 2005.

### Name this Newsletter!

Have a great idea for the name of this newsletter? Let us know! Email all suggestions to: [OCCP@doh.state.nj.us](mailto:OCCP@doh.state.nj.us)

### Got Data?

Reliable statistics can help to add substance and credibility to any cancer initiative. Cancer incidence and mortality data are available for use from the NJ State Cancer Registry (NJSCR) at [www.cancer-rates.info/nj/](http://www.cancer-rates.info/nj/). The North American Association of Central Cancer Registries (NAACCR) has awarded the NJSCR the Gold Standard, the highest standard possible for data quality, every year since the inception of this award in 1995.

Unsure how to use or interpret data? The NJ-OCCP staff is available to answer any questions you might have and to assist with data usage. Customized data are also available upon request. Please send all data requests and data-related questions to: [OCCP@doh.state.nj.us](mailto:OCCP@doh.state.nj.us). ♦ ♦ ♦

